Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aiea TLP	**CHAPTER 98**
Address: **98-839 Kaamilo Street, Aiea, Hawaii 96701**	**Inspection Date: August 2, 2019 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-06 Disaster preparedness. (a)(3) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to: Special escape routes; **FINDINGS** No designated meeting place specified in facility fire evacuation plans posted throughout the facility. **Repeat deficiency.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Emergency Exit Instructions and Plans posted reflect specific meeting place: Bus Stop #1910 On Kaamilo St. 3 Houses down the hill. See attached Plans.	08/09/19

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☒	§11-98-06 Disaster preparedness. (a)(3) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to: Special escape routes; **FINDINGS** No designated meeting place specified in facility fire evacuation plans posted throughout the facility. **Repeat deficiency.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Evacuation Plans have been corrected to include specific meeting place: Bus Stop #1910 on Kaamilo St. 3 Houses down the hill. TLP Monthly Safety Self-Inspections requires staff to check Emergency Evacuation Plans remain posted and visible to staff and residents throughout the facility.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-12 Minimum standards for licensure; services. (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; **FINDINGS** Resident #1 – Physician ordered "Abilify 10mg, 1 tab PO PRN" on 5/20/2019. Physician discontinued medication on 7/26/2019. Medication bottle found in resident's medication bin.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Discontinued medication has been removed from residents medication bin and mailed to Sharps Compliance, Inc. in a pre-paid envelope for disposal. - Discontinued Medications Removed - Discontinued Medications mailed to Sharps Compliance, Inc.	08/02/19 08/05/19

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☒	§11-98-12 Minimum standards for licensure; services. (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; **FINDINGS** Resident #1 – Physician ordered "Risperidone 2mg, 1 tab PO PRN BID" on 5/20/2019. No indication for as needed use on other medication label and on the physician order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** To correct the deficiency, the RN called Prescribing Physician to confirm "as needed use". Notation was made on physician order and medication label is corrected with pharmacy. - RN called prescribing physician 08/02/19 and left message. - 08/05/19 Notation correcting deficiency was made 08/05/19.	08/05/19

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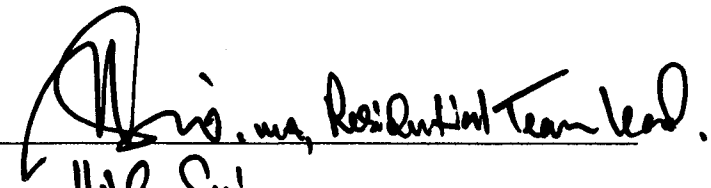
Licensee's/Administrator's Signature: 

Print Name: Hilda Swe, MA

Date: August 20, 2019